



STATE OF NEW HAMPSHIRE
Department of Safety – Division of Motor Vehicles
APPLICATION FOR REPLACEMENT PLATES AND / OR DECALS

N.H. Plate Number _____ Type _____

Please check replacement needed:

_____ Plate(s): \$7.50 each (includes decals)

_____ Decal(s): \$1.00 each

} **DO NOT MAIL CASH**

Reason: _____ Lost _____ Stolen _____ Damaged

Note: A set of plates with the same number can only be ordered if one or both plates are surrendered with this application.

OWNER'S NAME: _____ DOB: ____/____/____
month day year

STREET: _____

CITY: _____ STATE _____ ZIP: _____

DESCRIPTION OF VEHICLE

Yr. _____ Make _____ Model _____

Vehicle Identification Number: _____

I certify that the above replacements are needed for the reason indicated and
that the loss was reported to the _____ ,
N.H. Police Department.

Owner's Signature _____

FOR OFFICIAL USE ONLY:

Previous Plate # _____ Issued Plate # _____

Previous Plate Type _____ Issued Plate Type _____

Previous Decal # _____ Issued Decal # _____

Expiration Date _____